

**CAMPBELL COUNTY DEPARTMENT OF HOUSING**  
**P.O. BOX 424, NEWPORT, KY 41071**  
**859-261-5200, FAX: 859-261-0577**

**Request for a Reasonable Accommodation**

Name: \_\_\_\_\_ TDD/Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Currently, I am:

- \_\_\_\_\_ Applying for the Section 8 waiting list
- \_\_\_\_\_ An Applicant on the waiting list
- \_\_\_\_\_ A voucher holder looking for a unit
- \_\_\_\_\_ Housed in a Section 8 unit with this housing agency
- \_\_\_\_\_ Housed in a Section 8 unit from another housing agency
- \_\_\_\_\_ Other: \_\_\_\_\_

The following member of my household has a disability that qualifies under HUD rules (a mental or physical impairment that substantially limits one or more major life activities or a record of having or being regarded as having such an impairment):

As a result of his/her disability, the following change or changes are necessary so that he/she can have the opportunity to equally participate in the Section 8 program:

You may verify the disability and the need for this request by contacting:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

I give you permission to contact the above individual for purposes of verifying that I (or a family member) have a disability and need the reasonable accommodation requested above. I understand that the information you obtain will be kept completely confidential and used solely to determine whether or not you will provide an accommodation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_